

## Summary of Contracted Hospitals

Name of Applicant: \_\_\_\_\_

For each county in the applicant's requested service area, provide the following information regarding contracted hospitals. Provide and attach a copy of the most recent American Hospital Association Guide for each contracted hospital. Add or delete rows as needed.

County and Hospital Name	City	Date Contract Executed
County:		
1)		
2)		
3)		
4)		
County:		
1)		
2)		
3)		
4)		
County:		
1)		
2)		
3)		
4)		

Officer Certification: I certify that the information reported is complete and correct.

\_\_\_\_\_  
Signature of Authorized Representative      Date Signed

\_\_\_\_\_  
Authorized Representative Name and Title      (type or print)

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
Contact Person      (type or print)

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

PA 252 of 2000 requires submission of this form. Failure to complete and submit this form could result in denial of the application for a certificate of authority.



### Michigan Department of Labor & Economic Growth

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